

1. Fill out this form (or register @ www.commutesmart.org) to receive a personalized list of potential carpool partners, vanpool information or to register for the Emergency Ride Home.
2. Turn into the Transportation Coordinator or fax to **(251) 433-6009**.
3. You will receive a list of potential carpool partners or vanpools and a participation card for the ERH participation card if you already carpool, vanpool, take transit, bike or walk to work.

I am interested in: (check all that apply)

... **finding carpool partners** ... **vanpool information**

---- **OR** ----

... registering for the **Emergency Ride Home (ERH)** program *only* and do not wish to be matched for carpooling/vanpooling.

Last Name First Name MI

Home Address (No PO Box number) Apt. #

City State Zip Code

Home Phone Cell Phone (optional)

_____ and _____
Closest Intersection to Home Address (Two Streets)

(Optional): ... Mailing address if different from home address _____
OR ... Commute Starting Address (Day Care or Other) _____

In a carpool I would prefer to be a:
... Driver ... Rider ... Either ... Not interested in carpooling

I have a car to use for carpooling: ... Yes ... No

In a vanpool I would prefer to be:
... Driver ... Rider ... Either ... Not interested in vanpooling

I would prefer to be contacted by: (check all that apply)
 home phone work phone email

Work Name

Work Address

Office Complex/Building/Suite

City/State/Zip

Work Phone (or alternate phone) Extension

Email Address

I arrive at work: _____ ... AM ... PM

I leave work at: _____ ... AM ... PM

I am willing/able to change my work hours to carpool/vanpool:
... by 30 minutes ... By 60 minutes
... I can not change my work hours to carpool/vanpool

Check usual mode of transportation to work:
... Drive Alone¹ ... Walk²
... Carpool² ... Bicycle²
... Vanpool² ... Take Transit (Bus)²

¹ Not eligible for ERH unless mode changes
² Automatically enrolled in ERH if employer participates

... Preferiria recibir esta informacion en Espanol.

By submitting this application you agree that the information submitted will be entered into the CommuteSmart regional rideshare database. Matches are made via computer and based on proximity of home and worksite addresses and work schedules. If you have agreed to be matched with potential rideshare partners, they will receive a letter with your contact information, excluding your home phone (unless you prefer to be called at home) and street number. Your information will not be provided to a marketing company but may be shared with a vanpool leasing company for the purposes of vanpool formation.

Participation in a carpool/vanpool, and use of the Emergency Ride Home (ERH) program is an individual decision. Rideshare participants are completely responsible for the operation of their carpools or participation in vanpools. *The South Alabama Regional Planning Commission* and its employer service partners shall have no responsibility or liability for any claims, expenses, or damages resulting from any individual's participation in a carpool, vanpool, or ERH program.

Signature (required): _____ **Date:** _____

Please Return Application to the CommuteSmart Commuter Services Program via mail or fax:

SARPC CommuteSmart Moblie
C/O Transportation Coordinator
PO Box 1665
Mobile , AL 36633
(251) 433-6009 (fax)